

CERTIFIED MAIL



9589 0710 5270 0949 9757 94



FP [®] **US POSTAGE**
\$008.28⁹
First-Class - IMI
ZIP 80202
09/13/2024
034A 0081801095



FP [®] **US POSTAGE**
\$004.61⁹
First-Class - IMI
ZIP 80202
09/13/2024
034A 0081801095

United States Attorney's Office
for the District of Alaska
222 West 7th Avenue, Room 253, #9
Anchorage, Alaska 99513

TE THIS SECTION ON DELIVERY

Signature
☐ Agent
☐ Addressee

Delivered by (Printed Name) C. Date of Delivery

Delivery address different from item 1? ☐ Yes
Enter delivery address below: ☐ No

Type of Service
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States Attorney's Office
for the District of Alaska
222 West 7th Avenue, Room 253, #9
Anchorage, Alaska 99513



9590 9402 8686 3310 9492 03

2. Article Number (Transfer from service label)

9589 0710 5270 0949 9757 94

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

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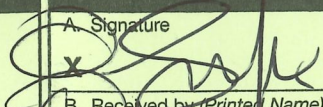
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United States Attorney's Office
for the District of Alaska
222 West 7th Avenue, Room 253, #9
Anchorage, Alaska 99513

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark
Here

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>United States Attorney's Office for the District of Alaska 222 West 7th Avenue, Room 253, #9 Anchorage, Alaska 99513</p>		<p>B. Received by (Printed Name) 9/16/24</p>	<p>C. Date of Delivery 9-16-24</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0949 9757 94</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	